

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH		11/29
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HJ	1074	12/27/01
RESPONSE FORMALITY REVIEW	RL	1080	2/25/02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim.	Date
Final Original	2, 6, 19, 27, 03, 03
1	✓
2	✓
3	0
4	0
5	0
6	0
7	✓
8	✓
9	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	✓
18	✓
19	✓
20	0
21	✓
22	✓
23	0
24	✓
25	✓
26	0
27	✓
28	✓
29	0
30	✓
31	✓
32	✓
33	0
34	✓
35	✓
36	0
37	✓
38	✓
39	0
40	✓
41	✓
42	✓
43	0
44	✓
45	✓
46	0
47	✓
48	✓
49	0
50	✓

Claim	Date
Final Original	2, 6, 19, 27, 03, 03
51	✓
52	0
53	0
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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